Mansfield Independent School District

Summer Paint Program

Name Date

Dept. Employee#

Phone# Email

Emergency Contact:
Name _____ Phone_____

How many years of experience do you have painting? _____ Years

Provide date(s) and Company Name(s)

Date(s)	Company Name(s)

Please provide any other information you believe should be considered.

_____

_____

Mansfield Independent School District

Summer Paint Program

Yes No Can you work from a 6ft or 8ft step ladder for long periods of time?

Yes No Can you work in an 80 to 90-degree environment for long periods of time?

Yes No Can you bend and stoop for long periods of time?

Yes No Can you work the hours of 7am to 4pm Monday-Friday?

Yes No Can you work this shift throughout the Summer?

Yes No Have you previously worked for MISD Paint Program?
If so, when? _____ (month/year)

_____ (initial) I understand I will be employed on an at-will basis if selected for this position.

_____ (initial) I understand this application and all supporting material submitted becomes the property of the Mansfield ISD which reserves the right to accept or reject said application.

_____ (initial) I understand that Mansfield ISD is an equal opportunity employer and does not discriminate in hiring decisions based on any state or federally protected right.

_____ (initial) I hereby affirm that all information, without exception, provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsification, misrepresentation, or omission of fact may be grounds for rejection of my application or employment or dismissal from subsequent employment by Mansfield ISD.

Signature _____ Date _____

Please hand deliver completed application to
Maintenance Dept.
or email completed form to
nathanthompson@misdmail.org by May 15, 2021

Maintenance Dept
203 Hillcrest St. Mansfield, TX